U.S. Department of Justice
Immigration & Naturalization Service

OMB #1115-0134

Medical Examination of Aliens Seeking Adjustment of Status

(Please type or print clearly)

I certify that on the date shown I examined:

1. Name (Last in CAPS)

(First) (Middle Initial)

2. Address (Street number and name) (Apt. number)

(City) (State) (Zip Code)

3. File number (A number)

4. Sex
☐ Male ☐ Female

5. Date of birth (Month/Day/Year)

6. Country of birth

7. Date of examination (Month/Day/Year)

General Physical Examination: I examined specifically for evidence of the conditions listed below. My examination revealed;

☐ No apparent defect, disease, or disability.

☐ The conditions listed below were found (check all boxes that apply).

Class A Conditions

☐ Chancroid
☐ Chronic alcoholism
☐ Gonorrhea
☐ Granuloma inguinale
☐ Hansen's disease, infectious
☐ HIV infection
☐ Insanity
☐ Lymphogranuloma venereum
☐ Mental defect
☐ Mental retardation
☐ Narcotic drug addiction
☐ Previous occurrence of one or more attacks of insanity
☐ Psychopathic personality
☐ Sexual deviation
☐ Syphilis, infectious
☐ Tuberculosis, active

Class B Conditions

☐ Hansen's disease, not infectious
☐ Tuberculosis, not active
☐ Other physical defect, disease or disability (specify below).

Examination for Tuberculosis - Tuberculin Skin Test

☐ Reaction_____mm ☐ No reaction ☐ Not Done

Doctor's name (please print) Date read

Examination for Tuberculosis - Chest X-Ray Report

☐ Abnormal ☐ Normal ☐ Not done

Doctor's name (please print) Date read

Serologic Test for Syphilis

☐ Reactive Titer (confirmatory test performed) ☐ Nonreactive

Test Type

Doctor's name (please print) Date read

Serologic Test for HIV Antibody

☐ Positive (confirmed by Western biot) ☐ Negative

Test Type

Doctor's name (please print) Date read

Immunization Determination (DTP, OPV, MMR, Td-Refer to ***PHS Guidelines*** for recommendations.)

☐ Applicant is currently for recommended age-specific immunizations.

☐ Applicant is not current for recommended age-specific immunizations and I have encouraged that appropriate immunizations be obtained.

REMARKS:

Civil Surgeon Referral for Follow-up of Medical Condition

☐ The alien named above has applied for adjustment of status. A medical examination conducted by me identified the conditions above which require resolution before medical clearance is granted or for which the alien may seek medical advice. Please provide follow-up services of refer the alien to an appropriate health care provider. The actions necessary for medical clearance are detailed on the reverse of this form.

Follow-up Information:

The alien named above has complied with the recommended health follow-up.

Doctor's name and address (please type or print clearly) Doctor's signature Date

Application Certification

I certify that I understand the purpose of the medical examination, I authorize the required tests to be completed, and the information on this form refers to me.

Signature Date

Civil Surgeon Certification:

My examination showed the applicant to have met the medical examination and health follow-up requirements for adjustment of status.

Doctor's name address (please type or print clearly) Doctor's signature Date

The Immigration and Naturalization Service is authorized to collect this information under the provisions of the Immigration and Nationality Act and the Immigration Reform and Control Act of 1986, Public Law 99-603

I-693

Form I 693 (Rev. 09/01/87) N

ORIGINAL: INS A-FILE

Medical Clearance Requirements for Aliens Seeking Adjustment of Status

Medical Condition	Estimate Time For Clearance	Action Required
**Suspected Mental Conditions*	5 - 30 Days	The applicant must provide to a civil surgeon a psychological or psychiatric evaluation from a specialist or medical facility for final classification and clearance.
Tuberculin Skin Test Reaction and Normal Chest X-Ray	Immediate	The applicant should be encouraged to seek further medical evaluation for possible preventive treatment.
Tuberculin Skin Test Reaction and Abnormal Chest X-Ray or Abnormal Chest X-Ray (Inactive/Class B)	10 - 30 Days	The applicant should be referred to a physician or local health department for further evaluation. Medical clearance may not be granted until the application returns to the civil surgeon with documentation of medical evaluation for tuberculosis.
Tuberculin Skin Test Reaction and Abnormal Chest X-Ray or Abnormal Chest X-Ray (Active of Suspected Active/Class A)	10 - 300 Days	The applicant should obtain an appointment with physical or local health department. If treatment for active disease is started, it must be completed (usually 9 months) before a medical clearance may be granted. At the completion of treatment, the applicant must present to the civil surgeon documentation of completion. If treatment is not started, the applicant must present to the civil surgeon documentation of medical evaluation for tuberculosis.
Hansen's Disease	30 - 210 Days	Obtain an evaluation from a specialist of Hansen's disease clinic. If the disease is indeterminate or Tuberculoid, the applicant must present to the civil surgeon documentation of medical evaluation. If disease is Lepromotous of Borderline (dimorphous)and treatment is started, the applicant must complete at least 6 months and present documentation to the civil surgeon showing adequate supervision , treatment, and clinical response before a medical clearance is granted.
****Venereal Diseases*	1 - 30 Days	Obtain an appointment with a physician or local public health department. An applicant with a reactive serologic test for syphilis must provide to the civil surgeon documentation of evaluation for treatment. If any of the venereal diseases are infectious, the applicant must present to the civil surgeon documentation of completion of treatment.
Immunizations Incomplete	Immediate	Immunizations are not required,but the applicant should be encouraged to go to physician or local health department for appropriate immunizations
HIV Infection	Immediate	Post - test counseling is not required, but the applicant should be encouraged to seek appropriate post-test counseling.

*Mental retardation; insanity; previous attack of insanity; psychopathic personality, sexual deviation or mental defect; narcotic drug addition; and chronic alcoholism.

**Chancroid; gonorrhea; granuloma inguinale; lymphogranuloma venereum; and syphilis.

Form I-693 (Rev. 09/01/87) N

U.S. Department of Justice
Immigration & Naturalization Service

OMB #1115-0134

Medical Examination of Aliens Seeking Adjustment of Status

(Please type or print clearly)

I certify that on the date shown I examined:

1. Name (Last in CAPS)

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2. Address (Street number and name) (Apt. number)

(City) (State) (Zip Code)

3. File number (A number)

4. Sex
☐ Male ☐ Female

5. Date of birth (Month/Day/Year)

6. Country of birth

7. Date of examination (Month/Day/Year)

General Physical Examination: I examined specifically for evidence of the conditions listed below. My examination revealed;

☐ No apparent defect, disease, or disability.

☐ The conditions listed below were found (check all boxes that apply).

Class A Conditions

☐ Chancroid
☐ Chronic alcoholism
☐ Gonorrhea
☐ Granuloma inguinale
☐ Hansen's disease, infectious
☐ HIV infection
☐ Insanity
☐ Lymphogranuloma venereum
☐ Mental defect
☐ Mental retardation
☐ Narcotic drug addiction
☐ Previous occurrence of one or more attacks of insanity
☐ Psychopathic personality
☐ Sexual deviation
☐ Syphilis, infectious
☐ Tuberculosis, active

Class B Conditions

☐ Hansen's disease, not infectious
☐ Tuberculosis, not active
☐ Other physical defect, disease or disability (specify below).

Examination for Tuberculosis - Tuberculin Skin Test

☐ Reaction_____mm ☐ No reaction ☐ Not Done

Doctor's name (please print) Date read

Examination for Tuberculosis - Chest X-Ray Report

☐ Abnormal ☐ Normal ☐ Not done

Doctor's name (please print) Date read

Serologic Test for Syphilis

☐ Reactive Titer (confirmatory test performed) ☐ Nonreactive

Test Type

Doctor's name (please print) Date read

Serologic Test for HIV Antibody

☐ Positive (confirmed by Western biot) ☐ Negative

Test Type

Doctor's name (please print) Date read

Immunization Determination (DTP, OPV, MMR, Td-Refer to ***PHS Guidelines*** for recommendations.)

☐ Applicant is currently for recommended age-specific immunizations.

☐ Applicant is not current for recommended age-specific immunizations and I have encouraged that appropriate immunizations be obtained.

REMARKS:

Civil Surgeon Referral for Follow-up of Medical Condition

☐ The alien named above has applied for adjustment of status. A medical examination conducted by me identified the condtions above which require resolution before medical clearance is granted or for which the alien may seek medical advice. Please provide follow-up services of refer the alien to an appropriate health care provider. The actions necessary for medical clearance are detailed on the reverse of this form.

Follow-up Information:

The alien named above has complied with the recommended health follow-up.

Doctor's name and address (please type or print clearly) Doctor's signature Date

Application Certification

I certify that I understand the purpose of the medical examination, I authorize the required tests to be completed, and the information on this form refers to me.

Signature Date

Civil Surgeon Certification:

My examination showed the applicant to have met the medical examination and health follow-up requirements for adjustment of status.

Doctor's name address (please type or print clearly) Doctor's signature Date

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Medical Clearance Requirements for Aliens Seeking Adjustment of Status

Medical Condition	Estimate Time For Clearance	Action Required
**Suspected Mental Conditions*	5 - 30 Days	The applicant must provide to a civil surgeon a psychological or psychiatric evaluation from a specialist or medical facility for final classification and clearance.
Tuberculin Skin Test Reaction and Normal Chest X-Ray	Immediate	The applicant should be encouraged to seek further medical evaluation for possible preventive treatment.
Tuberculin Skin Test Reaction and Abnormal Chest X-Ray or Abnormal Chest X-Ray (Inactive/Class B)	10 - 30 Days	The applicant should be referred to a physician or local health department for further evaluation. Medical clearance may not be granted until the application returns to the civil surgeon with documentation of medical evaluation for tuberculosis.
Tuberculin Skin Test Reaction and Abnormal Chest X-Ray or Abnormal Chest X-Ray (Active of Suspected Active/Class A)	10 - 300 Days	The applicant should obtain an appointment with physical or local health department. If treatment for active disease is started, it must be completed (usually 9 months) before a medical clearance may be granted. At the completion of treatment, the applicant must present to the civil surgeon documentation of completion. If treatment is not started, the applicant must present to the civil surgeon documentation of medical evaluation for tuberculosis.
Hansen's Disease	30 - 210 Days	Obtain an evaluation from a specialist of Hansen's disease clinic. If the disease is indeterminate or Tuberculoid, the applicant must present to the civil surgeon documentation of medical evaluation. If disease is Lepromotous of Borderline (dimorphous)and treatment is started, the applicant must complete at least 6 months and present documentation to the civil surgeon showing adequate supervision , treatment, and clinical response before a medical clearance is granted.
****Venereal Diseases*	1 - 30 Days	Obtain an appointment with a physician or local public health department. An applicant with a reactive serologic test for syphilis must provide to the civil surgeon documentation of evaluation for treatment. If any of the venereal diseases are infectious, the applicant must present to the civil surgeon documentation of completion of treatment.
Immunizations Incomplete	Immediate	Immunizations are not required,but the applicant should be encouraged to go to physician or local health department for appropriate immunizations
HIV Infection	Immediate	Post - test counseling is not required, but the applicant should be encouraged to seek appropriate post-test counseling.

*Mental retardation; insanity; previous attack of insanity; psychopathic personality, sexual deviation or mental defect; narcotic drug addition; and chronic alcoholism.

**Chancroid; gonorrhea; granuloma inguinale; lymphogranuloma venereum; and syphilis.

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General Physical Examination: I examined specifically for evidence of the conditions listed below. My examination revealed;

☐ No apparent defect, disease, or disability.

☐ The conditions listed below were found (check all boxes that apply).

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☐ Gonorrhea
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☐ Previous occurrence of one or more attacks of insanity
☐ Psychopathic personality
☐ Sexual deviation
☐ Syphilis, infectious
☐ Tuberculosis, active

Class B Conditions

☐ Hansen's disease, not infectious
☐ Tuberculosis, not active
☐ Other physical defect, disease or disability (specify below).

Examination for Tuberculosis - Tuberculin Skin Test

☐ Reaction_____mm ☐ No reaction ☐ Not Done

Doctor's name (please print) Date read

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Serologic Test for Syphilis

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Test Type

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☐ Positive (confirmed by Western biot) ☐ Negative

Test Type

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*Mental retardation; insanity; previous attack of insanity; psychopathic personality, sexual deviation or mental defect; narcotic drug addition; and chronic alcoholism.

**Chancroid; gonorrhea; granuloma inguinale; lymphogranuloma venereum; and syphilis.

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☐ Reaction_____mm ☐ No reaction ☐ Not Done

Doctor's name (please print) Date read

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Test Type

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Test Type

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*Mental retardation; insanity; previous attack of insanity; psychopathic personality, sexual deviation or mental defect; narcotic drug addition; and chronic alcoholism.

**Chancroid; gonorrhea; granuloma inguinale; lymphogranuloma venereum; and syphilis.

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